

SULLIVAN, PAPAIN, BLOCK,
McGRATH & CANNAVO
126 STATE STREET – SUITE 202
HACKENSACK, NJ 07601
Attorneys for Plaintiff
(201) 342-0037

UNION COUNTY COUNSEL
RECEIVED
APR 28 2014
ADMINISTRATION BUILDING
ELIZABETH, NJ

DIANE McKERNAN, Individually and as
Administratrix of the Estate of William Parisio,

Claimants,

vs.

COUNTY OF UNION,
UNION COUNTY SHERIFF'S DEPARTMENT,
UNION COUNTY POLICE DEPARTMENT,
UNION COUNTY DEPARTMENT OF
CORRECTIONAL SERVICES,
STATE OF NEW JERSEY,
DIVISION OF LAW AND PUBLIC SAFETY,
NEW JERSEY STATE POLICE,
"JOHN DOES" NOS. 1-10,

Respondents,

NOTICE OF CLAIM

TO: County of Union
Board of Chosen Freeholders
Union County Administration Building
10 Elizabethtown Plaza
Elizabeth, NJ 07207

Union County Department of Correctional Services
15 Elizabethtown Plaza
Elizabeth, NJ 07207

Bureau of Risk Management
Tort & Contract Unit
CN-620
1 West State Street
Trenton, NJ 08625

County of Union Sheriff's Department
County Administration Building – 1st Floor
10 Elizabethtown Plaza
Elizabeth, NJ 07207

Union County Police Department
300 North Avenue East
Westfield, NJ 07090

Office of the Attorney General
State of New Jersey
CN-058
Trenton, New Jersey 08625

State of New Jersey
New Jersey State Police
Division of Law and Public Safety
1035 Parkway Avenue
P.O. Box 600
Trenton, N.J. 08625

PLEASE TAKE NOTICE, that pursuant to New Jersey Tort Claims Act, N.J.S.A. 59:1-1 et seq., claims are hereby presented on behalf of the within named claimant:

1. **Claimant:**

Last Name, First, Middle

Telephone Number

DIANE McKERNAN, Individually and as
Administratrix of the Estate of William Parisio,

[REDACTED]

[REDACTED]

[REDACTED]

Street Address

City, State, Zip Code

WILLIAM PARISIO: 7/4/88

Date of Birth

[REDACTED]

Social Security Number

2. **If notices and correspondence in connection with this claim are to be sent to a person other than claimant, complete item #2**

Name

Hugh M. Turk, Sullivan Papain Block McGrath & Cannavo

Address

126 State Street, Suite 202

City, State, Zip Code
Hackensack, New Jersey 07601

Relationship to Claimant: Attorney at Law (X) or _____ (Explain)

3a. The occurrence which gave rise to this claim:

Date
February 17, 2014

Time
Approximately 10 am.

b. Describe the location or place of the accident or occurrence.

Municipality
Union County Jail

Exact location of the occurrence
15 Elizabethtown Plaza
Elizabeth, NJ 07202

c. Describe how the accident or occurrence happened. If a diagram will assist your explanation, please use the reverse side of this form.

The exact details surrounding the scenes death are unknown to his official reports have not yet been released. It is believed that William Parisio was beaten by corrections officers or other persons (through identities presently unknown) through the negligence of the corrections officers who had custody and control of them. The injury sustained in this assault was so severe as to cause deceit to suffer great pain and suffering and lead to his death at Trinitas Medical Center on February 17, 2014. Upon information and belief, decedent William Parisio was being held in a secured, isolated housing unit where he was or should have been inaccessible to all other inmates.

d. State the name and address of the Public Entity or entities that you claim caused your damage.

County of Union
Board of Chosen Freeholders
Union County Administration Building
10 Elizabethtown Plaza
Elizabeth, NJ 07207

Union County Department of Correctional Services
15 Elizabethtown Plaza
Elizabeth, NJ 07207

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State of New Jersey
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Division of Law and Public Safety
1035 Parkway Avenue
P.O. Box 600
Trenton, N.J. 08625

State the names of Municipalities' employees who you claim were at fault, including any information that will assist in identifying and locating them.

John Does Nos. 1-10, unknown at present, but believed to be employees of Union County Sheriff's Department, Union County Police Department, Union County Department of Correctional Services, and/or the New Jersey State Police who were responsible for custody of William Parisio.

e. State, in detail, the negligence or wrongful acts of the Public Entity and public employees which caused your damages.

It is alleged that respondents without provocation, assaulted the decedent, and/or used excessive force on decedent while he was in their custody and control, or negligently failed to take steps to protect him from harm by other inmates, all of which caused severe personal injuries, brain injury, and led to the death of William Parisio.

f. State the name and address of all witnesses to the accident or occurrence.

Unknown

g. If vehicle accident, state the names, addresses, age and relationship to insured of all passengers in your vehicle.

Not applicable.

h. State the names of all police officers and police departments who investigated the accident.

Names of all officers are presently unknown, as police reports have not been released. Believed to include officers from Union County Dep't. of Correctional Services, Union County Police Department, Union County Sheriff's Department, and/or New Jersey State Police,

4a. Claim For Damages: (Check Appropriate Block)

Personal Injury Property Damage

Other – Explain in detail Wrongful Death Claim.

b. If you claim personal injury:

Describe your injuries relating from this accident or occurrence.

Multiple blunt trauma, pain and suffering, wrongful death, violation of constitutional rights from use of excessive force.

c. Do you claim permanent disability resulting from this injury?

Yes No

If yes, describe the injuries believed to be permanent:

All injuries are claimed to be permanent, as they led to death of William Parisio

d. For each hospital, doctor or other practitioner rendering treatment, examination or diagnosis service, state: the name and addresses of hospital, doctor or other facility, dates of treatment, amount if charges to date and the amount paid or payable by other sources such as insurance.

Trinitas Medical Center records are attached. Decedent was pronounced dead at approximately 11:15am on February 17, 2014 at Trinitas Medical Center. Death Certificate attached.

e. **If you claimed loss of wages or income as a result of the injury, state:**

Name of Employer

Address of Employer

N/A

Your Occupation

Date you became employed

Rate of Pay

Dates of absence from work

Total lost wages to date

If still out of work – expected date of return

f. **Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.**

Claimant's heirs and dependents have lost the guidance, counseling, support and other services decedent would have provided over their lifetime, as allowed under Greene v. Bittner.

5. **The amount of the claim:** a) \$1,000,000.00

6. **Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?**

Yes No

If yes, set forth the names and addresses of all persons and insurance companies against who you have made such claims.

7. **Are any of the losses or expenses claimed herein covered by any policy of insurance?**

Yes No

For each such policy state the names and addresses of the insurance company, policy number and benefits paid or payable.

8. Have you received or agreed to receive any money from anyone for damages claimed herein?

() Yes (X) No

If so, set forth the details of such agreement

The following items must be submitted with this notice;

- (1) Copies of itemized bills for each medical expense and other losses and expenses claimed;
- (2) Full copies of all appraisals and estimates of property damage claimed by you;
- (3) Copies of all written reports of all expert witnesses and treating physicians.

NOTE: If you claimed loss of income arises from self-employment or other than wage, attach a calculation showing the basis of your calculation of lost income.

9. Set forth any and all other losses or damages claimed by you.

Funeral Expenses - \$2,154.00

10. If you claim property damage:

(1) Describe the property damaged (if vehicle, include make, model, year, color, vehicle identification number, license plate number, state and parts of vehicle damaged.)

N/A

(2) The present location and time when the property may be inspected.

(3) Date property acquired -

(4) Cost of the property -


(5) Value of property at time of accident -

(6) Description of damage

- (7) Has the damage been repaired?
If so, by whom, when and cost of repairs.
- (8) Attach each estimate of repair costs to this form.
- (9) Set forth in detail the loss claimed by you for your property damage:

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports, and documents are the only ones known to me in existence at the time. I am aware that if any statement I make is willfully false, that I am subject to punishment provided by law.

Dated: April 23, 2014



HUGH M. TURK, ESQ.
Claimant or Person Filing on Behalf of Claimant



BRADLEY
 & SON FUNERAL HOMES, LLC

April 15, 2014

Dianne Parisio
 [REDACTED]

The Funeral Service for William Joseph Parisio

File # SC14-014

We sincerely appreciate the confidence you have placed in us and will continue to assist you in every way we can. Please feel free to contact us if you have any questions in regard to this statement.

THE FOLLOWING IS AN ITEMIZED STATEMENT OF THE SERVICES, FACILITIES, AUTOMOTIVE EQUIPMENT, AND MERCHANDISE THAT YOU SELECTED WHEN MAKING THE FUNERAL ARRANGEMENTS.

Other Staff and Related Facilities	
Special Services - Identification at Funeral Home	250.00
Total Other Staff and Related Facilities	250.00
Transportation	
Transfer of Remains to Funeral Home	500.00
Total Transportation	500.00
Optional Packaged Services	
Simple Cremation Direct Cremation	799.00
Total Optional Packaged Services	799.00
Merchandise	
Casket	150.00
Mailing of Death Certificates	20.00
Total Merchandise Selected	170.00

AT THE TIME FUNERAL ARRANGEMENTS WERE MADE, WE ADVANCED CERTAIN PAYMENTS TO OTHERS AS AN ACCOMMODATION. THE FOLLOWING IS AN ACCOUNTING FOR THOSE CHARGES.

Cash Advances	
Rosedale Crematory	345.00
Certified Death Certificates	25.00
New Jersey State Permit and Filing Fee	5.00
Mailing of Cremated Remains	60.00
Total Cash Advances	435.00

Wm. A. Bradley & Son
 Funeral Home
 345 Main Street
 Chatham, NJ 07928
 (973) 635-2428
 John E. Caffrey
 N.J. Lic. No.4398

Bradley-Braviak
 Funeral Home
 49 Whippany Road
 Whippany, NJ 07981
 (973) 887-2186
 Daniel Vander Ploeg
 N.J. Lic. No. 4225

Bradley, Haerberle
 & Barth Funeral Home
 1100 Pine Avenue
 Union, NJ 07083
 (973) 686-6666
 Lauren Hayes
 N.J. Lic. No. 4609

Bradley, Smith
 & Smith Funeral Home
 415 Morris Avenue
 Springfield, NJ 07081
 (973) 376-7777
 Patrick Reynolds
 N.J. Lic. No. 4059

Bradley, Brough &
 Dangler Funeral Home
 309 Springfield Avenue
 Summit, NJ 07901
 (973) 273-2323
 Patrick Reynolds
 N.J. Lic. No. 4059

Total Sales Tax		0.00
Total Contract		2,154.00
02/18/2014 Payment	-\$2,154.00	
TOTAL AMOUNT DUE		0.00

This is a transaction due in full on 03/20/2014 and in all events, becomes past due and delinquent upon expiration of due date.
A charge of 18% per annum for UNANTICIPATED LATE PAYMENT will be effective after maturity

Returning this statement with your payment is not necessary. After receiving your payment, a receipt will be mailed to you.

Make all checks payable to Bradley & Son Funeral Homes

**State of New Jersey
Union County Surrogate's Court**

In the Matter of the Estate of:
William Joseph Parisio (Never Married), Deceased
AKA: William J. Parisio

**LETTERS OF
ADMINISTRATION**

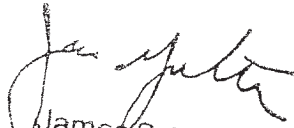
Date of Death: **February 17, 2014**

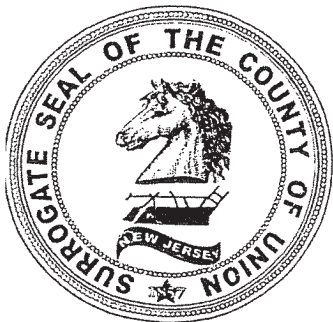
I, James S. LaCorte, Surrogate of the County of Union, do hereby certify that on March 19, 2014, administration of the personal estate of the above named decedent, **William Joseph Parisio**, who died intestate, was granted to:

Diane McKernan,

who is duly authorized to administer the same according to law.

WITNESS my hand and seal this
19th day of March 2014.


James S. LaCorte
Surrogate & Deputy Clerk of the Superior Court of NJ
Charicery Division, Probate Part, Union County





NEW JERSEY DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

80006832177
 STATE FILE NUMBER
20140009390

1a. Legal Name of Decedent (First, Middle, Last, Suffix) William Joseph Parisio				LIMB ONLY <input type="checkbox"/>
1b. Also Known As (AKA), if Any (First, Middle, Last, Suffix)				
2. Sex Male	3. Social Security Number [REDACTED]	4a. Age 25 Years	5. Date of Birth (Mo/Day/Yr) 07/04/1988	
6. Birthplace (City & State/Foreign Country) Belleville, New Jersey				
7a. Residence-State [REDACTED]		7b. County [REDACTED]	7c. Municipality/City [REDACTED]	
7d. Street and Number [REDACTED]		7e. Apt. No. [REDACTED]	7f. Zip Code [REDACTED]	7g. Inside City Limits? Yes
8a. Ever in US Armed Forces? No		8b. If Yes, Name of War:		8c. War Service Dates (From/To):
9. Domestic Status at Time of Death Single/Never Married		10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate)		
11. Father's Name (First, Middle, Last) Joseph Parisio				
12. Mother's Name Prior to First Marriage (First, Middle, Last) Dianne McKernan				
13a. Name of Informant Dianne Parisio			13b. Relationship to Decedent Mother	
13c. Mailing Address (Street and Number, City, State, Zip Code) [REDACTED]				
14. Method of Disposition Cremation		15. Place of Disposition (name of cemetery, crematory, other) Rosedale Crematory		16. Location- City & State/Foreign Country Orange City, New Jersey
17. Name and Complete Address of Funeral Facility Bradley, Haerberle & Barth Funeral Home, 1100 Pine Ave., Union, NJ 07083				
18. Electronic Signature of Funeral Director <i>Christopher Lisewski</i>				19. NJ License Number 23JP00405700
20. Decedent Education Associate degree (AA, AS)		21. Decedent of Hispanic Origin? Not Spanish / Hispanic / Latino		22. Decedent Race White
23. Occupation of Decedent (Type of work done most of life, even if retired) Student		24. Kind of Business/Industry Education		
25. Name and Address of Last Employer N/A				
26. Date Pronounced Dead (Mo/Day/Yr) 02/17/2014		28. Name of Person Pronouncing Death <i>James J Hakjij</i>		
27. Time Pronounced Dead (24-hr) 1115		29. License Number 25MA05000500	30. Date Signed (Mo/Day/Yr) 02/17/2014	
31. Date of Death (Mo/Day/Yr) 02/17/2014		32. Time of Death (24-hr) 1115	33. Was Medical Examiner Contacted? Yes	34. Place of Death Hospital: Emergency Room/Outpatient
35a. Facility Name (if not institution, give street and number) Trinitas Hospital - Williamson Street Campus				
35b. Municipality Elizabeth City		35c. County Union		
CAUSE OF DEATH: 36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause listed on Line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.				
Immediate Cause a. Pending Further Studies Due to (or as a consequence of): b. c. d.				Interval Between Onset and Death unknown
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.				37. Was an Autopsy Performed? Yes
				38. Were Autopsy Findings Available to Complete Cause of Death? No
39. Date of Injury (Mo/Day/Yr)	40. Time of Injury (24-hr)	41. Place of Injury (e.g. home, construction site, restaurant)		42. Injury at work?
43a. Location of Injury (Number and Street, Zip Code)		43b. Municipality	43c. County	43d. State
44. Describe How Injury Occurred				45. If Transportation Injury:
46. Manner of Death Pending investigation		47. Did Decedent Have Diabetes? No	48. Did Tobacco Use Contribute to Death? No	49. If Female, Pregnancy State Not applicable
50. Certifier Type Medical Examiner		51. Name, Address, and Zip Code of Certifier Junaid R Shaikh, M.D. 308 North Avenue East, Westfield, NJ 07090		
52. Electronic Signature of Certifier <i>Junaid R Shaikh</i>		53. License Number 25MA05945200	54. Date Certified (Mo/Day/Yr) 02/18/2014	
55. Electronic Signature of Local Registrar <i>Theresa Giambusso</i>		56. District No. V2076	57. Date Received 02/19/2014	Case ID Number 1653938

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

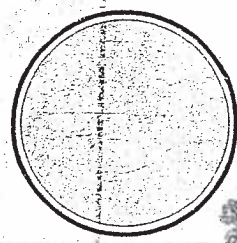
Record Contains Amendment

DATE ISSUED: **March 14, 2014**
 ISSUED BY:
Elizabeth City
Gail k Dipolito, Local Registrar

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Vincent T. Arrisi
 Vincent T. Arrisi
 State Registrar
 Office of Vital Statistics and Registry



New Jersey Department of Health
Vital Statistics, PO Box 370, Trenton, NJ 08625-0370

State File Number										
2	0	1	4	0	0	0	9	3	9	0

REQUEST FOR CORRECTION TO NJ VITAL RECORD OF:

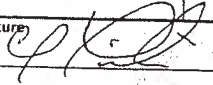
BIRTH DEATH FETAL DEATH MARRIAGE CIVIL UNION DOMESTIC PARTNERSHIP

SECTION 1 INFORMATION AS IT APPEARS ON THE CURRENT RECORD:

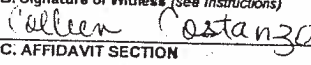
William Joseph Parisio
(Name (Names in the case of Marriage, Civil Union or Domestic Partnership))

01 / 17 / 2014 **Union** **Elizabeth**
(Date of Occurrence (Month/Day/Year)) (County of Occurrence) (City/Municipality of Occurrence)

Item Omitted or in Error	Item as Currently Recorded on Record	Item as it Should Appear
7a	[REDACTED]	New Jersey
7b	[REDACTED]	Union
7c	[REDACTED]	Elizabeth
7d	[REDACTED]	15 Elizabeth Town Plaza
7e	[REDACTED]	(blank)
7f	[REDACTED]	07207

3A. Signature:  Printed Name: **Christopher J. Lisewski** Date: **03/13/2014**

Address: **345 Main St., Chatham, NJ, 07928** Relationship to Individual on Vital Record: **Funeral Director**

3B. Signature of Witness (see Instructions):  Printed Name: **Colleen Costanzo**

3C. AFFIDAVIT SECTION

Subscribed and sworn to before me at _____
 this _____ day of _____, 20____.

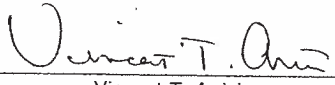
Signature: _____ Official Title: _____

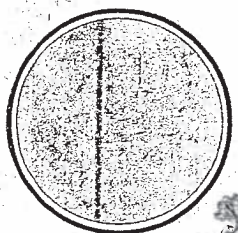
SECTION 4 Documentation presented to establish the validity of the amended information reported in Section 2:
Funeral Director error

GAIL DIPPOLITO, REGISTRAR
 VITAL STATISTICS
 ELIZABETH, UNION COUNTY
 DATE ISSUED: MARCH 14, 2014

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.


 Vincent T. Arrisi
 State Registrar
 Office of Vital Statistics and Registry



PENALTY FOR FALSE STATEMENT - FIVE HUNDRED DOLLARS (\$500.00)
TYPE OR WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD.

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY